

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/600,540
	Filing Date	6/23/2003
	First Named Inventor	Kamel Shaath
	Art Unit	2187
	Examiner Name	Nguyen, Hiep T
	Attorney Docket Number	0002-00009 US CO

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <b>94979</b>	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: <b>94979</b> OR <input type="checkbox"/> Firm or Individual Name: _____	
Address: _____ City: _____ Country: _____ State: _____ Zip: _____ Telephone: _____ Email: _____	
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
<b>SIGNATURE of Applicant or Assignee of Record</b> Signature:  Name: <b>Mr. Kamel Shaath, Chief Technology Officer, KOM Networks, Inc.</b> Date: <b>4/20/2011</b> Telephone: _____	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. <input type="checkbox"/> *Total of _____ forms are submitted.	